

Dear Camper,

That time of year is upon us. It is time to prepare for the annual Sangre de Oro Camp. We are planning to attend Fort Lone Tree camp in Capitan NM again this year, the week of **June 5th to June 10th**.

As in prior years we will meet in Albuquerque on **June 5th** in the morning and depart at 12 noon by bus to Fort Lone Tree. We will arrive in camp by 3pm to start our fun filled week. Our return date is **June 10th** at noon.

Enclosed in your camp packet you will find medical forms that need to be returned to our office by May 1. Due to the extensive time it takes to review your camper's health information and ensure the appropriate factor gets ordered, we ask that you make sure the forms are returned to us by this date.

If your camper is a patient at the HTC we can use the annual visit documentation as long as it has been within 6 months of camp. If your camper is in the care of another Hematologist please make a copy of the last annual visit, within 6 months, and return it with the application. If your camper is a sibling, please have their PCP complete the medical forms enclosed and return with your application. If you are unable to obtain current immunization records please let us know and we can obtain them from the state records. If this is confusing, feel free to contact our office at 272-4461 and we will be happy to assist you.

The main focus at camp is to keep our campers safe. This is accomplished many ways, one being with prophylactic infusions. In addition, infusing builds their confidence in preparation for independence. We are aware of the difficulty and fear that these campers face with this challenge and strive to assist them with support and encouragement. Our desire is to keep our campers safe and healthy as they experience fun and challenging activities while at camp. Our campers are on the go from the time they wake until bedtime with activities such as water slide, horseback riding, obstacle courses, large swing, crafts, rock climbing, zip lines and many more fun filled activities.

The following are the guidelines in determining the infusion schedules while attending camp:

Hemophilia A severe <1% and vWD severe- infuse Wednesday and Friday at 60% correction - **MUST** infuse a dose on Monday prior to check in. Medical staff will still work with these campers in learning to self-infuse on a daily basis with a Normal saline infusion.

Hemophilia B severe <1%- infuse Wednesday and Friday 60% correction - **MUST** infuse a dose on Monday prior to camp check in. Medical staff will still work with these campers in learning to self-infuse on a daily basis with a Normal saline infusion. .

Hemophilia A moderate 1-5% and vWD moderate- infuse Wednesday and Friday at 60% correction **MUST** infuse a dose on Monday prior to camp check in. Medical staff will still work with these campers in learning to self-infuse on a daily basis with a Normal saline infusion.

Hemophilia B moderate 1-5%- infuse Wednesday and Friday at 60% correction - **MUST** infuse a dose on Monday prior to camp check in. Medical staff will still work with these campers in learning to self-infuse on a daily basis with a Normal saline infusion. .

Hemophilia A/B mild >5% - will not need to infuse daily but will need to bring to camp at least 2 doses of 100% correction for emergent dosing- Medical staff will still work with these campers in learning to self-infuse on a daily basis.

vWD mild- will need to bring their Stimate and Amicar to be used for any bleeds that may occur while at camp.

We look forward to having a fun and adventurous week with your campers. Again if you have any questions please feel free to contact us at 505-272-4461.

Your Camp Medical team,

Dr. Shirley Abraham Pediatric Hematologist

Claudia MacKaron RN

Valerie Lowe RN

Janet Ratte RN

Sangre de Oro, Inc
Camp June 5-June 10, 2017

Dear Camper,

Please arrive at the Albuquerque drop off site at your assigned time on Monday, June 5th. The bus will leave no later than 11:30a.m. A sack lunch will be provided by SDO for the bus ride to camp. **Camp ends on Saturday, June 10th. Please pick-up your camper at 12:00 p.m. at Sangre De Oro, Inc office. Please be on time!!** ***If you are not traveling to and from camp by bus, please contact Roseannette Lopez (505) 400-7081.

Please bring the following items to camp¹:

Sleeping Bag or Bed Roll

Pillow

2 Towels

2 Washcloths

Beach towel for the pool

Toothbrush

Toothpaste

Shampoo

Conditioner

Soap (liquid is best)

Deodorant

Sunscreen

Bug Spray

Lip Balm

Disposable camera

Sunglasses

¹ This is a complete list but not all items are required if your camper doesn't use them.

Enough clothes to last 5 days and 4 nights:

Shirts²

Shorts

Long pants for cool nights and horseback riding

Sweater/sweatshirts

Pajamas (we might have a pajama breakfast so be prepared)

Socks and underwear

2 swimsuits (no bikinis)

2 pairs of close-toed shoes

Flip flops for the shower and pool

Hat or cap

PLEASE MAKE SURE EVERYTHING IS CLEARLY MARKED WITH YOUR NAME

PLEASE bring all medications and supplies you will need for 5 days. Please make sure they are clearly marked in original containers with the original pharmacy prescription. If you use factor, plan to bring enough for 5 days and include extra for any emergencies. Any unused product will be returned. All oral or inhaled medications must be in original containers with current pharmacy instructions. NO PLASTIC DAILY PILL BOXES OR MEDICATIONS IN BAGGIES WILL BE ALLOWED. Please complete a medication profile and include any over-the-counter medications that may be taken during camp.

Camp Policy: Do not bring any electronic equipment (e.g., video games, TVs, DVD players, Gameboys, Cell phones, radios, iPods). Do not bring weapons, fireworks, matches, lighters, jewelry, candy, gum, drinks, or any other food items. All bags could be checked upon arrival, and any of the above listed restricted items will be held in a safe place and returned at the end of camp. There will be no smoking allowed on site.

**If you have any questions please feel free to call Roseannette (505) 400-7081...See you soon!

PLEASE RETURN THIS FORM NO LATER THEN MAY 1st

Our 10th Annual Camp Sangre Valiente is June 5- 10th 2017!

Summer Camp Mission Statement

"SDO's Camp Sangre Valiente's purpose is to facilitate personal growth and development in a safe, fun and educational environment. The camp is for boys and girls between the ages of 7 and 17, who have a bleeding disorder, are a carrier of a bleeding disorder, or are siblings or children of someone with a bleeding disorder (including carriers). The camp includes well-trained staff, volunteers, and medical staff to help make the camp experience and environment safe and fun."

Dear Parents/Guardians,

We are all very excited about annual Camp Sangre Valiente (Brave Blood). Camp is for youth in New Mexico with hemophilia and other bleeding disorders, their siblings, and children of affected parents. The camp is offered to boys and girls ages 7 to 17.

General registration/check-in is on Monday, June 5 from 10:30 to 12:00pm, depending on the group you are in- (10am-10:45am for last names A-L) (10:45am-11:15am for last name L-S) (11:15-12:00pm for last names T-Z) Registration will take place at Sangre De Oro office at 6301 4th Street Suite 6, Albuquerque NM. 87107

*****Please bring the following forms with you for each child registered*****

1. MD Medical Form
2. Parents' Medical Form
3. Fort Lone Tree Form
4. Sangre Valiente Consent Form
5. Three Step Policy
6. Youth Permission Form
7. Release Form Leading Edge (for LIT/ages 13-17 only)
8. Physis PA with Medical History (for LIT/ages 13-17 only)
9. Immunization Records (check with HTC or your doctor)

Complete the above list of attached forms and bring with you to registration. (Having forms filled out prior to check-in will save time for staff and families.) **A MEDICAL FORM must be filled out and signed by a physician for each attending child!**

FORT LONE TREE IS AN ACCREDITED CAMPSITE. YOUR CHILD WILL NOT BE ALLOWED TO BOARD BUS AND ATTEND CAMP IF THEY DO NOT HAVE APPROPRIATE PAPERWORK AT CHECK-IN.

NOTE: If your child is ill or may have a contagious disease please do not bring them to camp as they will be sent home.

If your child becomes ill at camp, we will also call to ask you come pick them up. This includes those who experience flu-like symptoms, fever, sore throat, cough, vomiting, diarrhea, or any other type of illness that may be deemed to be contagious.

We look forward to seeing you all at camp! We're going to have a great time!

If you have any questions, please e-mail us at sdo@sangredeoro.org or call 505-400-7081.

MD Medical Form (Form 1 from list)

PLEASE RETURN THIS FORM NO LATER THEN MAY 1st

This form is to be completed by a Licensed Health Care Provider

Page 1 of 2

Name _____ DOB _____

I have examined the above participant on (date) _____

Weight _____ kg Height _____ cm BP ____/____ Pulse _____

MEDICAL CONDITIONS

Heart disease ____ Kidney Disease _____ Asthma _____ Seizures _____ Hemophilia or vWD _____

HIV ____ Diabetes _____ Other: _____

Allergies to food and or medications: _____

Any recent illnesses, injuries, infections or hospitalizations _____

Physicians Complete For Campers With Bleeding Disorders

Level/Severity: Mild _____ Moderate _____ Severe _____ Current factor product _____

Describe any target joints _____

Physical Exam

<u>General</u>	<u>Normal</u>	<u>Abnormal</u>	<u>Explain Abnormalities</u>
Head & Neck	_____	_____	_____
Eyes & Ears	_____	_____	_____
Nose & Throat	_____	_____	_____
Chest	_____	_____	_____
Heart	_____	_____	_____
Abdomen	_____	_____	_____
Skin	_____	_____	_____
Lymphatic	_____	_____	_____
Neurological	_____	_____	_____
Joints/Muscle	_____	_____	_____

Assessment of any other significant medical history and/or psychosocial history: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Immunizations: Please attach a copy of the immunization record

Medications

Please list **ALL** medications (over the counter, prescription drugs and herbal supplements) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage and the frequency of administration.

LIST MEDICATIONS

Drug Name	Dose Schedule	Reason for taking medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Provider _____ Date _____

Phone _____

Printed Name _____

Mailing Address _____

Parents Medical Form (Form 2 from list)

PLEASE RETURN THIS FORM NO LATER THEN MAY 1st

This needs to be filled out by the parent

Hemophilia: Yes _____ No _____ Type A _____ Type B _____

Von Willebrands Disease: Yes _____ No _____ Type _____

Delta Granule Storage Pool Deficiency: Yes _____ No _____

Factor Product: _____ Prophy dose: _____ Emergent dose: _____

If on a Prophy schedule which days does your child infuse: _____

Amicar dose: _____ Stimite dose: _____

What type of IV line does your child use for infusion: Port _____ size of Huber needle _____

PICC/Broviac _____ Butterfly/winged infusion set _____ Butterfly needle gauge/size _____

Does your child self infuses: Yes _____ No _____

If not, what are the feelings regarding self infusion? _____

Does your child have any other medical conditions the camp staff should be aware of? If yes, please explain and include the diagnosis (ie: asthma: uses inhalers daily/seizures: daily medications/ADHD: uses medications) _____

OTHER MEDICATIONS: Medications other than factor (please include the name of medication, dose and frequency. If the medication is on "as needed" basis indicate this on the list.) This also includes herbal or natural medications.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

DOES YOUR CHILD HAVE ANY ALLERGIES TO MEDICATIONS, INCLUDING OVER THE COUNTER MEDICATIONS? If yes please give specific details :

EMERGENCY CONTACT: Name of person/s to contact in case of an emergency if the parents or guardians are not available.

NAME (s) _____ Phone # (s) _____

I understand that making any false statements on this form will be sufficient for non admission to the camp. I hereby guarantee the correctness of the above information. I authorize investigation of all statements herein and release the camp and all others from liability in connection with camp and services provided, etc for my child.

Parent's signature _____ **Date** _____

Print name _____

LONE TREE CAMPS Registration/Health History Forms

Page 1 To be filled out by ALL attending guests

Page 2 Top portion to be filled out by parent and the bottom portion filled out by a LICENSED PHYSICIAN for guests under the age of 18. Forms to be returned **TWO WEEKS** prior to arrival in order to attend camp.

FACILITY ATTENDING (CIRCLE ONE)

RANCH

FORT

LAKESHORE

MISSIONS

Date of Camp _____ Date of Birth ____/____/____ Age _____ M / F First LT camper? Y / N

Camper _____ If with a group, group name _____

Parent/Guardian: Father _____ Mother _____

Home address _____ City _____ State _____ Zip _____

Email _____ Home # _____

Father's Work # _____ Cell # _____

Mother's Work # _____ Cell # _____

In case of emergency and neither parent can be reached, please notify:

Name _____ Home # _____ Cell # _____

Relationship to camper _____

Family Physician Name _____ Phone # _____

**** PLEASE SEE ATTACHED MEDICAL FORMS ****

If you or your child should require medical attention while at one of the Lone Tree Camps for injuries received or illnesses contracted prior to coming, please send information necessary to give him/her proper medical service during this time.

In case of emergency, I hereby give permission to the physician selected by the camp director or his staff to hospitalize and secure proper treatment for and order injections, anesthesia or surgery for me or my child as named above. I also hereby give my permission for me or my child to participate in all activities, including but not limited to Swimming, Boating activities, Blobbing, Bike Ramp, River Float, Hotsprings, Field Sports, Mountain Rappelling, Vehicle Transportation, Climbing, Waterslide, Mechanical Bull, Archery, Rifle Range, Hayrides, Horseback Riding, Cycling, Zip line, Swings, Caving, Diggler Mountain Scooters.

I am also responsible for securing transportation for my child from camp, pick up will be supervised and approved by myself or by the designated on-site leader that attends camp with the campers' church or school group.

*I agree to assume, as an explicit condition of me or my child's/ward's participation, any and all risks, including but not limited to these enumerated above. **I agree to release, discharge and hold harmless** Lone Tree Inc, it's staff, the sponsoring church or group and its members from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward.*

*I realize, also that in the event of illness or injury while attending camp or participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and **I agree to bear the cost of such treatment.** If any changes occur, I will contact the director in writing.*

Periodically, photographs, videos or interviews are taken during the camp session. I acknowledge that by my or my child's participation in a Lone Tree camp session, I give permission and consent for any such photographs, videotapes or interview to be used or published to illustrate report, promote or advertise the camp.

_____/_____/_____ / _____ / _____
 Father/Guardian Signature Date Mother/Guardian Signature Date

Page 2 Top portion to be filled out by parent. Bottom portion filled out by a **LICENSED PHYSICIAN** for **ALL** guests under the age of 18. Forms to be returned **TWO WEEKS** prior to arrival in order to attend camp

FACILITY ATTENDING (CIRCLE ONE) RANCH FORT LAKESHORE MISSIONS

Campers Name _____ Date of Camp _____

- ✓ **Attach a photocopy of Shot Record. Date of last Tetanus Shot _____.**
- ✓ **Attach a photocopy of the Front and Back of Insurance Card (essential in emergencies).**
- ✓ **If you do not have Insurance, please call our office to receive an Insurance Disclaimer Form.**

Please list any chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent cold, etc...), current physical, mental or psychological considerations and list any allergies (include food allergies), also list any treatments being taken or given.

Camp Nurse/Administrator may administer the following to my child (check if applicable): _____ Pepto Bismol
_____ Cough Drops _____ Cough Syrup _____ Acetaminophen (Tylenol) _____ Ibuprofen (Motrin) _____ Aspirin (Bayer)

Operations or serious injuries with dates _____

Swimming or Activity Restrictions _____

MEDICATIONS:

- ✓ A Medication Slip is attached and should be used for prescription medication that will be submitted to camp staff at check-in. The top portion is for check-in, the bottom portion should be attached to this registration page.
- ✓ Campers must also submit non-prescription medications and vitamins upon check-in.
- ✓ Certain items such as Inhalers or critical EpiPens may be kept by the camper upon the staff's approval at check-in.

**HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN
A COPY OF A SPORTS PHYSICAL WITHIN THE LAST TWO YEARS WILL BE ACCEPTED**

(*) I have examined the above camp applicant within the past 24 months _____ No _____ Yes _____ Date Examined

In my opinion, the applicant is physically able to participate in an active camp program _____ No _____ Yes

List any medically prescribed meal plan or dietary restrictions _____

Current or on-going treatments and/or medications _____

(*) Licensed Physician's Name _____ (*) Signature _____

(*) Address _____ (*) City _____ (*) State _____ (*) Zip _____

(*) Phone _____ Date Form Completed _____

Form completed by (If other than Physician) _____

Please complete each line above and note that items with an asterisk () are especially important. Thank you!*

Sangre Valiente Consent Form (Form 4 from list)

PLEASE RETURN THIS FORM NO LATER THEN MAY 1st

I authorize the Camp Sangre Valiente medical staff (physician's, nurses, or other medical staff) to provide all appropriate medical care for my child/ren _____

_____, during Camp Sangre Valiente held at Camp Fort Lone Tree site in Capitan, New Mexico. I understand that the medical care I am authorizing will only be available once my child arrives at camp and will continue until camp ends. Medical care will not be available or included with any transportation arrangements to and/or from camp.

I understand that I will be responsible for supplying medication (factor, DDAVP, Stimate, etc.) and medical supplies for treatment while my child is attending camp. I understand treatment of routine illnesses and acute bleeding episodes will be supervised by the medical staff while at camp, but I am responsible for providing treatment product for my child while en route to camp. This will include giving appropriate over the counter medication as needed to treat acute and routine illness. If my child needs transfusion therapy while in route to camp and does not have his own product, I will be responsible for the cost of the product. If my child uses cryoprecipitate, fresh frozen plasma, DDAVP, Factor VIII or IX products, or anti-inhibitor products, I will need to provide sufficient factor for anticipated needs while at camp. I understand that all regular medicines my child needs must accompany him/her to camp in the original prescribed container with clear written instructions/labels by the pharmacy/doctor. No containers will be allowed at camp in oral daily dose plastic boxes.

In the case of a medical emergency, I hereby authorize the Camp Sangre Valiente and medical staff to secure any medical, surgical, dental, injection, anesthesia, and/or other aid that is in the best interest of the above-named child/children and is deemed necessary by Camp Sangre Valiente. I give permission for my child to be transported by one of the medical staff, camp staff, or ambulance in a medical emergency situation. I agree to and understand that I am solely responsible for any and all costs for medical services and/or any transportation costs incurred during the week of Camp Sangre Valiente.

I also agree to and understand that Camp Sangre Valiente, Fort Lone Tree, SDO, staff, and volunteers assume no liability whatsoever for any medical services, cost of treatment, and/or transportation costs incurred by the above-named child/children during Camp Sangre Valiente. I do agree to indemnify and hold harmless Camp Sangre Valiente, Fort Lone Tree, SDO, staff, volunteers, designated chaperones, or others acting on behalf of SDO or Fort Lonetree from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney fees, which arise out of or are in any way connected with the care, treatment, and/or transportation of my child.

I agree to allow my child to participate in the educational portion of camp including general hemophilia, von Willebrands disease (VWD) or other medical information, home infusion therapy, self-infusion therapy, and infectious disease education information. I agree to allow my child/children to participate in all camp related activities.

I consent that photographs may be taken of the above named child/children during Camp Sangre Valiente for the purposes of public relations, education, and Sangre de Oro related activities and brochures. Copies of camp pictures may be distributed to campers as a camp memory item.

I understand that my child is to follow the guidelines set forth by the Fort Lone Tree, Camp Sangre Valiente, SDO, and its staff/volunteers, and failure to do so can result in early dismissal from camp. Firearms, alcoholic beverages, cigarettes and or/other tobacco products, and illegal drugs are prohibited at camp. Any camper found with any of these items will be dismissed from camp. I understand that if my child is dismissed from camp it is my responsibility to travel to the camp to transport my child home immediately upon notification from the camp.

I understand that by signing this form, I have read, agree and fully understand what has been written.

Parent/Guardian Signature Date

Print Name

Three Step Discipline Policy

(Form 5 from list)

PLEASE READ THIS FORM

RETURN NO LATER THEN MAY 1st

Sangre de Oro, Inc. has a three step camper discipline policy for Camp. It is used when a camper's behavior has become unacceptable and he/she is not responding to correction.

Step One: Verbal warning. The camper is informed that his/her actions will no longer be tolerated and must stop.

Step Two: The camper will meet with the Camp Director, Sangre de Oro Executive Director, Hemophilia Treatment Center Social Worker and the camper's parents will be called.

Step Three: The camper will be sent home.

I have read the above three step discipline policy and will discuss with my child/children informing them of Sangre de Oro's discipline policy. If step three is called into place for my child(ren) I will pick up my child(ren) from Camp immediately.

I agree (Signature) _____ Date _____

Print Name _____

I agree (Signature) _____ Date _____

Child's Name _____

Youth Permission Form (Form 6 from list)

PLEASE RETURN THIS FORM NO LATER THEN MAY 1st

I, _____, the parent or guardian of [names of all children] _____

_____, youth participant(s) in Sangre de Oro's 2017 Camp Sangre Valiente event, hereby give my permission for my above-named child/children to participate in all on-site and off-site activities, field trips, retreats, and events sponsored by SDO. I consent to the child/children participating in all such events.

At times, we will offer a movie for viewing as part of our planned event.

- Yes, I give my child/children permission to view movies with a G, PG, or PG-13 rating.
- No, I do not give my child/children permission to view movies with a G, PG, or PG-13 rating.

I understand that the children will get to the place of activities, field trips, retreats, and events with adult supervision walking together in groups, adult-driven vehicles, or public transportation. In consideration of the child/children being allowed to participate in the activity, field trip, retreat, or event, on behalf of my child/children, my spouse and myself (and any other legal guardian), I hereby assume all risks in conjunction with the activities, field trips, retreats, and events. I further release SDO and all employees, contractors, consultants, and volunteers of SDO from all claims, judgments, and liability for any injury or damage due to the child's participation in the activity, field trip, retreat, or event, including all risks connected therewith, whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my above-mentioned child/children. The permission and the information above is confirmed by my signature below on this _____ day of _____, 2017.

Print Name of Parent/Guardian

Signature

Medical Information

Name of Child	Type of Bleeding Disorder

Parents/Guardians		
Name	Phone Number	Relation to Child

Emergency Contacts		
Name	Phone Number	Relation to Child

Do any of your children have other medical conditions that staff should be aware of? If yes, please explain and include diagnosis and special treatment needs (e.g., asthma, needs inhaler daily).

In case of medical emergency, I hereby authorize Sangre de Oro staff (including contractors and consultants) and volunteers to secure any medical, surgical, dental, injection, anesthesia, and/or other aid that is in the best interests of the above-named child(ren) and is deemed necessary. I give permission for my child to be transported by staff, volunteer, or ambulance in a medical emergency situation. I agree to and understand that I am solely responsible for any and all costs for medical services and/or any transportation costs incurred.

Print Parent/Guardian's Name _____

Signature _____ Date _____

Release Form Leading Edge 13-17 years old only (Form 7 from list)

PLEASE RETURN THIS FORM NO LATER THEN MAY 1st

Participant's Name: _____ Birth Date: _____ Age: _____

Address: _____ Phone: _____

Organization with which you are participating: _____

Health insurance Co. _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Please read this document carefully. It must be signed by all participants in programs of GutMonkey. If the participant is a minor, at least one parent or guardian (parent and guardian being referred to as Parent) must also sign, as evidence of their agreement to these terms and conditions on their own behalf and on behalf of the minor participant. References in this agreement to "I" or "we" refer to all who sign below, unless otherwise indicated.

PARTICIPANT AGREEMENT

(Including Acknowledgment and Assumption of Risks, Agreements of Release and Indemnity, and Other Provisions)

In consideration of the services of GutMonkey, Inc., a Corporation organized and existing under the laws of the State of Oregon (referred to in this agreement as "GutMonkey"), I, Participant and Parent of a minor participant, acknowledge and agree, for myself and on behalf of a minor participant for whom I sign, as follows:

Activities and Risks

I understand that the challenge course activities conducted by GutMonkey, the structures and premises on which they are conducted and related equipment may expose participants to certain risks. The activities require moderate physical exertion, and typically involve a combination of training modalities including lecture, small and large group discussion, art, role playing, experiential activities including a variety of games and group initiatives, low and high challenge course elements (a variety of structures over, through and on which participants may be asked to walk, swing or climb, with or without the assistance of staff or co-participants) and associated challenge course climbing activities. Activities may involve physical movements including walking, bending, twisting, pulling, lifting, running, jumping, climbing, and swinging. Certain of the challenge course elements may be as high as 50 feet off the ground and, while reasonable measures will be taken to prevent a fall or collision, accidents may occur. To ensure that participants have control over their own personal safety, GutMonkey personnel provides thorough instruction and safety briefings prior to each activity, and advises participants that they have the right to choose their level of participation in all programs and activities at all times, encouraging safe decision making by participants throughout the program.

Among the hazards and risks of the activities and use of the premises and equipment are the following: falls; abrupt and possibly damaging contact with structures and other objects, and other persons; anxieties and fears associated with heights; close contact with other participants; the carelessness of participants, and misjudgments on the part of the staff of GutMonkey, participating outside of one's personal level of physical fitness; the failure of structures and equipment; and the unpredictable forces of nature. Participants may experience an increased heart and/or breath rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, inadvertent touching, personal disclosure and/or interaction with co-participants, and a fear of height or of being unprotected or falling. Participants and staff may fail to follow proper procedures, instructions and the operating policies of GutMonkey. Injuries associated with participation in this program may include scrapes, cuts, fractures, sprains, strains, dislocations, bruises and other contusions and in extreme cases, emotional upset, anxiety and even death.

I understand that there may be times during the training day in which participants will not be supervised by GutMonkey, and that GutMonkey has no responsibility for participant during those times, or for the general condition of the premises on which the activities are conducted, or for any activity on such premises other than the actual training activities.

The description above of these risks is not complete and other unknown or unanticipated risks may result in property loss, injury or death. Engaging in these activities may require a degree of skill and knowledge different from other activities with which participants may be familiar. Participants have responsibility for managing the risks to themselves and others. The training activities are instructional in nature and participants are expected to expand and challenge their skills and judgment. Participant and Parent acknowledge that participation in these activities is purely voluntary, and with full knowledge of the inherent and other risks.

Acknowledgment and Assumption of Risks

Understanding the nature of the activities and their risks, and that other risks may be encountered which cannot be reasonably anticipated, I acknowledge and expressly assume all risks of the GutMonkey activities, whether or not described in this agreement, known or unknown and inherent or not. I take full responsibility for any injury or loss, including death, which I, or the minor for whom I sign, may suffer, arising in whole or part out of my, or the minor's, enrollment or participation in the activities of GutMonkey.

Release and Indemnity

If I am an adult Participant or the Parent of a minor Participant, I hereby agree, for myself and on behalf of the minor participant for whom I sign below, TO RELEASE, INDEMNIFY (that is, defend, protect and pay claims, including costs and attorneys fees), AND HOLD HARMLESS GutMonkey, its owners, officers, partners, agents, and employees, ("Released Parties"), with respect to any and all claims of injury, disability, death, or other loss or damage to person or property suffered by me, by any member of my family, rescuers, co-participants, or any other person, arising in whole or part from my participation in the GutMonkey activities or any related activity, WHETHER ARISING FROM THE NEGLIGENCE OF A RELEASED PARTY OR OTHERWISE, and to the fullest extent permitted by law.

Additional Provisions

I, an adult Participant or Parent of a minor Participant, authorize GutMonkey to provide or obtain for me, or for the minor, such medical care as it considers necessary and appropriate, and I agree to pay all costs associated with such care and related transportation. GutMonkey and any third party medical caregiver are authorized to exchange medical information concerning my, or the minor's, medical condition. Any dispute between a Released Party and Parent or Participant will be governed by the substantive laws of the State of Oregon (not including laws which might apply the laws of another jurisdiction), and any arbitration or suit shall take place only in that state, in Multnomah County. If the dispute cannot be resolved by mutual agreement, I agree to submit it to an arbitrator recognized by the Courts of that State and County. I will pay all costs and attorney's fees incurred by any Released Party in defending a claim or suit brought by me, or by or on behalf of the minor participant, if the claim or suit is withdrawn or to the extent a court or arbitrator determines that the Released Party is not responsible for the claimed injury or loss.

This agreement is entered into voluntarily, and after careful consideration. Its terms cannot be supplemented or amended except in writing. I understand and agree that it is binding, to the fullest extent allowed by law, upon all persons signing below, their respective heirs, executors, administrators, wards, minor children (whether or not they are Participants) and other family members. If any part of this agreement is found by a Court or other appropriate authority to be invalid, the remainder of this agreement nevertheless shall be in full force and effect.

Release of Images

I am aware that I might be photographed and/or video-recorded during my participation, and authorize such photographs and/or video-recordings to be used by GutMonkey for training and promotional purposes. I understand that my name will *not* be used and/or published in any way, and that I will not receive compensation for the use of such photographs and/or video-recordings.

In emergency call: _____ Phone: _____

Signature of Participant: _____ Date: _____

Signature of Parent (if participant is under 18): _____ Date: _____

E-Mail: _____

*GutMonkey will not share this information with other organizations. Use is solely for the purpose of sharing awesome

GutMonkey programs/opportunities with your family!

PHYSIS, Inc. Participant Agreement (Form 8 from list)

PLEASE RETURN THIS FORM NO LATER THEN MAY 1st

Participant's Name: _____ Birth Date: _____ Age: _____

Address: _____ Phone: _____

Organization with which you are participating: _____

Health insurance Co. _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Please read this document carefully. It must be signed by all participants in programs of Physis. If the participant is a minor, at least one parent or guardian (parent and guardian being referred to as Parent) must also sign, as evidence of their agreement to these terms and conditions on their own behalf and on behalf of the minor participant. References in this agreement to "I" or "we" refer to all who sign below, unless otherwise indicated.

PARTICIPANT AGREEMENT

(Including Acknowledgment and Assumption of Risks, Agreements of Release and Indemnity, and Other Provisions)

In consideration of the services of Physis, Inc., a Corporation organized and existing under the laws of the State of Oregon (referred to in this agreement as "Physis"), I, Participant and Parent of a minor participant, acknowledge and agree, for myself and on behalf of a minor participant for whom I sign, as follows:

Activities and Risks

I understand that the challenge course activities conducted by Physis, the structures and premises on which they are conducted and related equipment may expose participants to certain risks. The activities require moderate physical exertion, and typically involve a combination of training modalities including lecture, small and large group discussion, art, role playing, experiential activities including a variety of games and group initiatives, low and high challenge course elements (a variety of structures over, through and on which participants may be asked to walk, swing or climb, with or without the assistance of staff or co-participants) and associated challenge course climbing activities. Activities may involve physical movements including walking, bending, twisting, pulling, lifting, running, jumping, climbing, and swinging. Certain of the challenge course elements may be as high as 50 feet off the ground and, while reasonable measures will be taken to prevent a fall or collision, accidents may occur. To ensure that participants have control over their own personal safety, Physis personnel provides thorough instruction and safety briefings prior to each activity, and advises participants that they have the right to choose their level of participation in all programs and activities at all times, encouraging safe decision making by participants throughout the program.

Among the hazards and risks of the activities and use of the premises and equipment are the following: falls; abrupt and possibly damaging contact with structures and other objects, and other persons; anxieties and fears associated with heights; close contact with other participants; the carelessness of participants, and misjudgments on the part of the staff of Physis, participating outside of one's personal level of physical fitness; the failure of structures and equipment; and the unpredictable forces of nature. Participants may experience an increased heart and/or breath rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, inadvertent touching, personal disclosure and/or interaction with co-participants, and a fear of height or of being unprotected or falling. Participants and staff may fail to follow proper procedures, instructions and the operating policies of Physis. Injuries associated with participation in this program may include scrapes, cuts, fractures, sprains, strains, dislocations, bruises and other contusions and in extreme cases, emotional upset, anxiety and even death.

I understand that there may be times during the training day in which participants will not be supervised by Physis, and that Physis has no responsibility for participant during those times, or for the general condition of the premises on which the activities are conducted, or for any activity on such premises other than the actual training activities.

The description above of these risks is not complete and other unknown or unanticipated risks may result in property loss, injury or death. Engaging in these activities may require a degree of skill and knowledge different from other activities with which participants may be familiar. Participants have responsibility for managing the risks to themselves and others. The training activities are instructional in nature and participants are expected to expand and challenge their skills and judgment. Participant and Parent acknowledge that participation in these activities is purely voluntary, and with full knowledge of the inherent and other risks.

Acknowledgment and Assumption of Risks

Understanding the nature of the activities and their risks, and that other risks may be encountered which cannot be reasonably anticipated, I acknowledge and expressly assume all risks of the Physis activities, whether or not described in this agreement, known or unknown and inherent or not. I take full responsibility for any injury or loss, including death, which I, or the minor for whom I sign, may suffer, arising in whole or part out of my, or the minor's, enrollment or participation in the activities of Physis.

Release and Indemnity

If I am an adult Participant or the Parent of a minor Participant, I hereby agree, for myself and on behalf of the minor participant for whom I sign below, TO RELEASE, INDEMNIFY (that is, defend, protect and pay claims, including costs and attorneys fees), AND HOLD HARMLESS Physis, its owners, officers, partners, agents, and employees, ("Released Parties"), with respect to any and all claims of injury, disability, death, or other loss or damage to person or property suffered by me, by any member of my family, rescuers, co-participants, or any other person, arising in whole or part from my participation in the Physis activities or any related activity, WHETHER ARISING FROM THE NEGLIGENCE OF A RELEASED PARTY OR OTHERWISE, and to the fullest extent permitted by law.

Additional Provisions

I, an adult Participant or Parent of a minor Participant, authorize Physis to provide or obtain for me, or for the minor, such medical care as it considers necessary and appropriate, and I agree to pay all costs associated with such care and related transportation. Physis and any third party medical caregiver are authorized to exchange medical information concerning my, or the minor's, medical condition. Any dispute between a Released Party and Parent or Participant will be governed by the substantive laws of the State of Oregon (not including laws which might apply the laws of another jurisdiction), and any arbitration or suit shall take place only in that state, in Multnomah County. If the dispute cannot be resolved by mutual agreement, I agree to submit it to an arbitrator recognized by the Courts of that State and County. I will pay all costs and attorney's fees incurred by any Released Party in defending a claim or suit brought by me, or by or on behalf of the minor participant, if the claim or suit is withdrawn or to the extent a court or arbitrator determines that the Released Party is not responsible for the claimed injury or loss.

This agreement is entered into voluntarily, and after careful consideration. Its terms cannot be supplemented or amended except in writing. I understand and agree that it is binding, to the fullest extent allowed by law, upon all persons signing below, their respective heirs, executors, administrators, wards, minor children (whether or not they are Participants) and other family members. If any part of this agreement is found by a Court or other appropriate authority to be invalid, the remainder of this agreement nevertheless shall be in full force and effect.

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In emergency call: _____ Phone: _____

Signature of Participant: _____ Date: _____

Signature of Parent (if participant is under 18): _____ Date: _____

Medical History

Your answers to these questions help Physis staff provide a more comfortable and informed experience during your program. If you are uncomfortable with any of these questions do not answer it, or talk directly with a Physis staff about your concerns. Best estimates are fine if you do not remember specific details. **Thank you!**

Present Health Concerns: _____

Medications: Prescription and Non Prescription Medications, vitamins, home remedies, birth control pills and herbs:

Medication: _____ Dose: ____ Times Per Day: ____ Medication: _____ Dose: ____ Times Per Day: ____

Medication: _____ Dose: ____ Times Per Day: ____ Medication: _____ Dose: ____ Times Per Day: ____

Medication: _____ Dose: ____ Times Per Day: ____ Medication: _____ Dose: ____ Times Per Day: ____

Allergies or Reactions to Medicines/Foods/Other Agents:

Agent: _____ Reaction or Side Effect: _____

Agent: _____ Reaction or Side Effect: _____

6301 4th St NW
Albuquerque, NM 87107

Directions Save



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